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| Case Number: | CM15-0196311 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 12/02/2012 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old female who sustained a work-related injury on 12-2-12. Medical record documentation on 8-27-15 revealed the injured worker was being treated for lumbar displace intervertebral disc and herniated nucleus pulposus. She reported constant back pain with leg numbness and non-progressive weakness. She rated her pain a 3 on a 10-point scale with medications and a 10 on a 10-point scale without medications. Her pain level on 6-16-15 was 5 on a 10-point scale. With her Percocet, she is able to work and is independent with her activities of daily living. Objective findings included mild scoliosis of the spine. Her lumbar range of motion included pain with flexion to 30 degrees and pain with extension to 5 degrees. She had a positive bilateral straight leg raise at 40 degrees. She was able to perform heel and toe walking and had pain with each. Her medications included Percocet 10-325 mg, Cymbalta 30 mg, and Terocin lotion (since 7-23-15) for pain. A urine drug screen on 5-4-15 was consistent with her medication regimen. A request for compounded topical Terocin lotion was received on 9-1-15. On 9-8-15, the Utilization Review physician determined compounded topical Terocin lotion was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Compounded topical Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.